

MTC Transit-Accessible Locations for Health Care and Social Services

Task 3. Memorandum

Task 3. Document Existing Federal, State, and Local Policies that Influence Locational Decisions for Health Care and Social Service Agencies

I. Introduction

The purpose of this research effort is to identify existing policies that require, incentivize or otherwise encourage health and social services agencies and organizations to locate service facilities near transit. Transit Resource Center and MIG conducted a thorough literature review of existing policy at the federal, state and local levels, focusing on policies relevant to Alameda and Contra Costa Counties. Research was primarily web-based, and research of local policies focused primarily on current general plans. The web search included review of databases at the University of California Transportation and Public Health Libraries. This document includes a high-level summary of research findings to date, following by detailed findings at the federal, state and local levels. The research revealed very few relevant studies or articles on transit accessible locations for health care or social service facilities. Studies of transportation barriers in health care focus on improving transit or funding for non-emergency medical transportation – not the location of the facilities at transit accessible locations.¹

While the Task 2 effort to map health care and social service facilities in Alameda and Contra Costa County in relation to transit service indicated that many facilities are well located, quite a few are not. The most critical are those public and non-profit facilities that provide services to low income or elderly residents who have poor access to automobiles, including health clinics, county hospitals, welfare offices, and employment services.

Analysis of locational policies is a dynamic effort; federal policies are being modified as we write this, and the outreach interviews, case studies, and regional summit are expected to broaden the understanding of existing policies and practices as well as provide direction toward recommended enhancements to improve locational decisions.

Access to health care is currently the focus of national attention, and efforts to widen access draw attention to the deficiencies in our current approach.

–Providers of key services, including employers, educators, and health workers, have failed to understand the important role that transport plays in access to services. This means that those people in the population that most need these services are often the least able to reach them, and yet transport and access

¹ No Way to Go: A Review of the Literature on Transportation Barriers in Health Care, Wright, Brad, in World Transport Policy and Practice, September 2008.

considerations rarely play a part in decisions about the location of these services (page 12). ...Poor access to primary and secondary health care and social services exacerbate the health inequalities that are already evident among low income groups, further reducing their life chances.”(Page 29)²

II. Summary of Research Findings

Few existing policies are designed to ensure that health care and social service facilities are located near public transit. Existing policies do not provide the regulatory authority, or ~~teeth~~,” needed to establish transit accessibility as a true priority in locating facilities. With perhaps few exceptions, land use and planning authorities do not provide the financial or development incentives needed to help achieve greater transit access.

Until very recently, there has been little policy direction at the federal level to improve regional and local transit access to health and social services agencies. A Presidential executive order in 2004 directed agencies ~~to~~ *enhance access to transportation to improve mobility, employment opportunities, and access to community services for persons who are transportation-disadvantaged.*”³ While this order heightened the federal government’s focus on improving coordination and promoting partnerships between human service and transportation agencies, its focus is on improving transportation, not locating facilities in transit accessible locations.

In October 2009, Executive Order 13514, *“Federal Leadership in Environmental, Energy, and Economic Performance”* established a requirement that Federal agencies set a 2020 greenhouse gas emissions reduction target within 90 days of the order. This Executive Order also establishes a number of goals to direct agency efforts in improving efficiency in natural resources consumption and supporting the development of sustainable communities.⁴ Ensuring consideration of access to public transit in planning for new Federal facilities or new leases is one of the strategies listed to achieve GHG reductions.

Policy direction at the state level addresses the importance of transit access to state and local public buildings. However, the State of California has not established clear standards or developed mandates to improve transit access to health and social service facilities specifically.

Beginning in 1978, California passed a series of laws that provided a framework for coordination of public land use and transit planning. Senate Bill 489 in 1979 applied specifically to state and local public buildings. Executive Order D-46-01, issued in October 2001, orders ~~the~~ Department of General Services, as well as other entities

² Karen Lucas, editor. Running on Empty: Transport, Social Exclusion and Environmental Justice, Policypress.org.uk

³ Executive Order 13330: Human Service Transportation Coordination.

⁴ Executive Order 13514. Section 2(f)(iii). October 5, 2009.

managing state properties in populated areas shall give priority to the needs of public entities and the populations they serve.....it is further ordered that sound and smart growth patterns shall receive maximum support consistent with the foregoing state priorities, including...(d) proximity to public transit and other needed infrastructure.” Further research will be required to determine of the legislation and executive orders have affected agency locational decision-making.

Both the federal and state governments are developing policies to deal with reduction of greenhouse gases. Senate Bill 375, approved by Governor Schwarzenegger in September 2008, requires California’s regional land use and transportation authorities to work with local agencies to achieve more compact growth patterns, thereby reducing the quantity of greenhouse gases emitted by passenger vehicles. Anticipated state guidance for implementation of efforts to meet the requirements of S.B. 375 will focus on facility location as one approach to reducing vehicular travel. It is not clear how these policies will specifically affect locational decisions for health care and social service facilities.

Given the land use authority of local jurisdictions, local-level policy does address this issue more specifically than do state and federal policies. There is evidence that some local agencies do consider transit access when granting funding for social services, selecting sites for health and social service facilities, or reviewing proposed development projects. However, further research in the form of personal interviews is needed to determine the extent to which the standard operating procedures of different communities prioritize transit access to health and social services.

A review of local general plans has revealed few policies that provide direction with the specific goal of improving transit access to health and social services. However, research does indicate that there is a spectrum of policies related to this goal. Relevant policies fall under six broad categories:

1. **Policies that address the need to improve mobility and transit access for specific populations and/or services.** However, few policies specifically linking transit access improvements to particular health and social services facilities have been identified. In other words, many plans address the need for transit and services for special populations but do so separately.⁵ One exception to this is Concord’s Housing Element, which specifies that homeless shelter facility siting and permit processing must take into consideration access to transportation and services.⁶

⁵ For example, Pleasanton’s General Plan includes a policy specifying the need to advocate and support transportation improvements and new medical facilities for seniors. However, while both objectives appear as part of the same policy they are not explicitly linked (Community Development Policy 15b). The Alameda County East County Area General Plan includes a policy to encourage transit providers to facilitate the mobility of school-aged children, in part by serving transit routes that link child care facilities with schools and other facilities.

⁶ Concord 2030 Urban Area General Plan. Housing Element Goals and Policies. Policy 3.6. Implementing Program 3.6b.

2. **Policies that directly address the need to improve transit access to institutional and community uses.** Berkeley's Land Use Element specifies that, "—wherever possible, locate public and private institutional uses and community service centers...on transit corridors so that they are accessible to public transportation...."⁷
3. **Policies related to specific, designated planning areas that include medical facilities or are in some way focused on planning to support existing or future medical facilities or complexes.** In these cases, transit access is not necessarily a well-defined objective but is considered important to area planning. Antioch's Sand Creek Focus Area and Brentwood's Special Planning Area Q are two examples.
4. **Policies to achieve growth management goals that support improving transit access to health and social services.** "Smart growth" policies play a clear role in encouraging the location of facilities and transit in proximity to one another in established areas of growth. These include policies related to urban growth limits and integrating land use and transportation such as encouraging transit-oriented and mixed-use development.⁸ Concentrating development in existing corridors and reducing fringe development will be helpful to transit access.
5. **Policies to achieve growth management goals that may work against the goal of improving transit access to health and social services.** In Livermore and Walnut Creek, certain types of health and human services facilities are not subject to growth management policies. This may provide for the development of facilities outside of growth management boundaries, where transit service is less frequent and reliable.⁹

Research findings suggest that raising awareness among local land use authorities about the importance of this issue and identifying opportunities to strengthen existing policies towards this goal will be central strategies to improving transit access to health and social service facilities in Alameda and Contra Costa Counties. The role of local planning authorities in applying specific criteria during review of development proposals is important. At the same time, site selection criteria of health and social services organizations and agencies may be equally, if not more critical. Existing facilities are

⁷ Policy LU-15: Service and Institutional Use Locations.

⁸ Danville and Pleasanton are just two examples of local jurisdictions whose General Plans specify the need to integrate land use and transportation planning.

⁹ In Livermore, health care facilities – including congregate care, assisted living, and skilled nursing facilities – are not subject to growth management policies (Livermore Land Use Element, Policy 14,

p. 3-41). According to Walnut Creek's General Plan, community facilities are excluded from growth management limits. Community facilities applicable to this research effort include adult day care and child day care facilities, emergency medical care, hospitals, housing for the homeless, public transit terminals, residential care facilities and skilled nursing facilities (Chapter 4, Built Environment, Policy 9.2).

often County- or privately-owned leased facilities. Health and social services agencies are not expanding their facilities, nor do they have the resources to do so at present. However, consolidations can also provide the opportunity to utilize more transit accessible locations. One goal of the interviews and focus groups planned for this project will be to determine the extent to which health and social service groups in Alameda and Contra Costa Counties consider transit access when choosing to lease facilities. The case studies research task included in this project will provide the opportunity to explore these topics in greater depth.

Large organizations that operate facilities such as hospitals and medical centers may have longer-term planning horizons, and may choose to locate in areas of projected population growth that are not yet well-served by transit. In some communities, hospitals, medical centers and other large-scale public and institutional land uses are not subject to growth management policies or are located outside of urban centers to avoid land use conflicts. This suggests that coordinating with transit providers to ensure transit access to these facilities will continue to be an important, strategy.

III. Research Findings

A. Federal and National Policies

1. Human Services Transportation Coordination

Little policy exists at the federal level that provides direction to improve regional and local transit access to health and social services agencies. In February 2004, President Bush issued Executive Order 13330 (referenced in Section II above) *“to enhance access to transportation to improve mobility, employment opportunities, and access to community services for persons who are transportation-disadvantaged.”*¹⁰ The executive order called for the creation of the Interagency Transportation Coordinating Council on Access and Mobility to help advance these goals. This order heightened the federal government’s focus on improving coordination and promoting partnerships between human service and transportation agencies.

In response to the Human Service Transportation Coordination Executive Order, the Transit Cooperative Research Program (TCRP)¹¹ has conducted extensive research on the benefits of improved coordination and partnership between human service and transportation agencies. Improved coordination generates new revenues, saves costs and increases productivity and efficiency for service providers, ultimately resulting in increased mobility for the community.¹² Strategies and successes in strengthening partnerships between state Medicaid programs and transit agencies, and state Medicaid and the Department of Transportation (DOT), for the purposes of increasing access to health and social services, have also been documented.¹³

¹⁰ Executive Order 13330: Human Service Transportation Coordination.

¹¹ TCRP is funded by the public through the Federal Transit Administration and is governed by an independent board, the TCRP Oversight and Project Selection Committee.

¹² Transit Cooperative Research Program Report 91.

¹³ TCRP Synthesis 65.

United We Ride is a federal interagency initiative that follows from the Executive Order, aimed at improving the availability, quality, and efficient delivery of transportation services for older adults, people with disabilities, and individuals with lower incomes. Federal Transit Administration programs including Sections 5310 and 5317 address transportation needs of the elderly and disabled, including transportation services beyond those provided under ADA requirements. The Job Access and Reverse Commute (JARC) program, established under Section 5316, addresses the transportation challenges faced by welfare recipients and low-income persons seeking to obtain and maintain employment.

The Federal Transit Administration (FTA) reports that, in some cases, changes in national welfare legislation have resulted in coordination between local transit agencies and state and local social services departments. Given that many welfare recipients are clients of local health and human services agencies, local responses to welfare to work access needs have created new or extended routes of service targeting previously underserved populations, improving access not only to residential and job locations but also to social services facilities.¹⁴ Community-based transportation planning efforts, such as the *Coordinated Public Transit-Human Services Transportation Plans* have been an outgrowth of the Presidential Executive Order. These initiatives have helped public service and transportation agencies understand the access problem for transit-dependent clientele but do not address the locations of the facilities.

MTC has prepared a *Coordinated Public Transit Human Services Transportation Plan*, both an Elderly and Disabled Component and a Low Income Component¹⁵. An outgrowth of this was the preparation of Community Based Transportation Plans, which included plans for the following areas within Alameda and Contra Costa counties:

- Central and East Oakland
- South and West Berkeley
- Central Alameda County
- West Oakland
- Downtown Martinez
- Bay Point
- Richmond Area
- Monument Corridor

The MTC Plan included the following analysis of coordinating public facilities and transit:

–Furthermore, focusing efforts to encourage localities to plan and zone in such a way that essential services are clustered in transit-accessible centers could be a far more cost-effective strategy than continuing to plan and subsidize expensive and

¹⁴FTA. "Joint Identification of Client Needs."

http://www.fta.dot.gov/printer_friendly/planning_environment_3959.html.

¹⁵ MTC, *Coordinate Public Transit Human Services Transportation Plan: Elderly and Disabled Component*, December 2007.

continuing expenditures on special transit services... Financially strapped human service agencies are inclined to move to lower cost facilities in order to free up program funds for other social service expenditures.”¹⁶

2. Federal Leadership in Environmental, Energy, and Transportation Management

In October 2009, President Obama issued Executive Order 13514 titled *“Federal Leadership in Environmental, Energy, and Economic Performance.”* The Executive Order was developed by the Council on Environmental Quality (CEQ), the Office of Management and Budget (OMB) and the Office of the Federal Environmental Executive, with input from the Federal agencies that are represented on the Steering Committee established by Executive Order 13423, *“Strengthening Federal Environmental, Energy, and Transportation Management.”*¹⁷

The Executive Order requires Federal agencies to set a 2020 greenhouse gas emissions reduction target within 90 days of the Executive Order, and establishes a number of goals to direct agency efforts in improving efficiency in natural resources consumption and supporting the development of sustainable communities. Ensuring consideration of access to public transit in planning for new Federal facilities or new leases is one of the strategies listed to achieve GHG reductions. Specifically, the order advises that federal agencies advance regional and local integrated planning, in part by ~~ensuring~~ that planning for new Federal facilities or new leases includes consideration of sites that are pedestrian friendly, near existing employment centers, and accessible to public transit....”¹⁸

~~At~~ this time, the Executive Order (EO) 13514, section 10 workgroup is reviewing its charge under the E.O. As information about the findings and recommendations of the group becomes available, it will be posted either to our web site, www.ofee.gov, or the FedCenter web site, www.fedcenter.gov¹⁹

While this policy language clearly helps to demonstrate the connection between ensuring transit access of facilities and achieving greenhouse gas emissions reductions, which the President is requiring all federal agencies to do, it does not mandate that federal agencies implement a specific strategy at this time. The Executive Order calls for recommendations to the Council on Environmental Quality (CEQA) on locational policies to be developed within 180 days of the Executive Order.

B. State Policies

Policy direction at the state level addresses the importance of transit access to state and local public buildings. However, the State of California has not established clear

¹⁶ Ibid, page 8-4.

¹⁷ Executive Order 13423 was issued by President Bush in October 2007 to strengthen the environmental, energy, and transportation management of Federal agencies.

¹⁸ Executive Order 13514. Section 2(f)(iii). October 5, 2009.

¹⁹ Personal communication, Dana Arnold, Office of the Federal Environmental Executive, December 3, 2009.

standards or developed mandates to improve transit access to health and social service facilities specifically.

Beginning in 1978, California passed a series of laws that provided a framework for coordination of public land use and transit planning. SB 489 in 1979 applied specifically to state and local public buildings. Subsequent legislation refined details and extended application of the law.²⁰

The relevant sections of the Government Code read as follow:

37352.1. After January 1, 1980, with respect to the construction, purchase, or lease of buildings which are located or will be located in a standard metropolitan statistical area (SMSA) with a population of 250,000 or more according to the most recent decennial census, which is served by a public transit operator, as defined in Section 99210 of the Health and Safety Code, the legislative body ***shall give consideration to the location in existing public transit corridors***, as defined in Section 50093.5 of the Health and Safety Code, for the area. Construction, purchase, or lease of buildings at locations outside of existing public transit corridors may be approved after the legislative body has determined: (1) the purpose of the facility does not require transit access; or (2) it is not feasible to locate the facility in an existing transit corridor; or (3) the transit operator will provide service as needed to effectively serve the facility. The board may request the assistance of the transit operator in making its determination and shall notify the operator of its decision.

37352.2. The requirements of Section 37352.1 shall be met if the legislative body has obtained from the transportation planning agency approval of its procedures and criteria for giving adequate consideration to the location of existing public transit corridors when acquiring public buildings or if the legislative body is the governing body of the transit operator. Before the transportation planning agency approves such procedures and criteria, any transit operator in the county shall have 45 days to review and comment.

These government code sections are applicable to city and county facilities, but not decisions by private and/or non-profit agencies. However, it is not clear that there have been any challenges or litigation on locational decisions based on these sections of the government code. Further research will be required to determine if and how enforcement action could be mandated.

Executive Order D-46-01, issued in October 2001, orders ~~the~~ Department of General Services, as well as other entities managing state properties in populated areas shall give priority to the needs of public entities and the populations they serve.....it is further ordered that sound and smart growth patterns shall receive maximum support consistent

²⁰ SB 1905 in 1978 applied to state assisted housing construction. SB 489 in 1979 applied to state and local public buildings; and SB 1721 in 1980, SB 508 in 1981, and SB 1666 in 1982 refined details and extended application of the law.

with the foregoing state priorities, including....(d) proximity to public transit and other needed infrastructure.”

In addition, Title 22 of the California Code of Regulations specifies travel distance standards for the California Medical Assistance Program (Medi-Cal). Medi-Cal is a public health insurance program that provides needed health care services for low-income families and individuals. While relevant, this standard speaks more to the absence of well-defined State standards to improve transportation access and accessibility of services. Applicable code in the Government Code of Regulations reads as follows:

~~-(a)~~ Each plan shall ensure that primary health care services provided through the plan are no more than 30 minutes travel time or ten (10) miles travel distance from each member’s place of residence, unless the department has approved an alternative time and distance standard.”²¹

Title 22 Regulations apply to all community care facilities regulated by the Community Care Licensing Division except where specifically exempted.²² Again, while travel distance and travel time standards are generally based on automobile access, they do highlight specific opportunities to augment such standards by requiring transit access in urban and suburban communities.

Other states have policies to encourage or direct state agencies to locate in downtown transit-served sites whenever possible. This includes:

- Massachusetts
- Maryland
- Vermont
- Indiana
- Oregon
- Pennsylvania²³

C. Local Policies

The consultant team reviewed local general plans for specific policies related to locating health and social services facilities in proximity to transit. The following summary includes policies that fall into this category. Research focused on larger communities in Alameda and Contra Costa Counties and did not include smaller, more affluent or suburban jurisdictions, where either few facilities exist or where transit access to services is of lesser concern. We have included examples of related policies that may either influence locational decisions, represent opportunities to improve policy, or policies that may in fact create obstacles to improving transit access to health and social services facilities.

²¹ California Code of Regulations, (Vol. 29), Title 22, Social Security (Part 2). Section 53885: Travel Distance Standards.

²² California Department of Social Services. “Title 22 Regulations.” <http://www.cclid.ca.gov/PG555.htm>

²³ National Trust for Historic Preservation, State Agency Locations: Smart Growth Tools for Main Street, 2002.

Policies that fall in this latter category include policies that direct the development or location of health and social services facilities outside of established urban growth boundaries, or in areas where existing transit service is less frequent or reliable than levels of service within the urban core, more populated areas, and/or incorporated areas. Examples include policies set forth in the Alameda County, Contra Costa County, Livermore and Walnut Creek general plans, noted in the following section.

1. Alameda County

Alameda County

Alameda County General Plan.

- **General Public Facilities Goal, Policy 138:** The County shall allow development and expansion of major public facilities (e.g., hospitals, research facilities, landfill sites, jails, etc.) in appropriate locations inside and outside the Urban Growth Boundary consistent with the policies and Land Use Diagram of the *East County Area Plan*.
 - **Program 60:** The County shall consider existing and future operations and potential land use impacts in reviewing projects in the vicinity of the Veterans Administration Hospital, the FCC Station, Santa Rita Jail, and the Lawrence Livermore National Laboratories. The County shall consider the use of real estate disclosure notices as a means to inform adjacent home buyers of the potential impacts generated by these facilities and reduce the number of complaints received by these facilities.
- **General Transportation Goal, Policy 176:** The County shall allow development and expansion of transportation facilities (e.g., streets and highways, public transit, bicycle and pedestrian paths, airports, etc.) in appropriate locations inside and outside the Urban Growth Boundary consistent with the policies and Land Use Diagram of the *East County Area Plan*.
- **Transportation Demand Management Goal, Policy 190:** The County shall require new non-residential developments in unincorporated areas to incorporate Transportation Demand Management (TDM) measures and shall require new residential developments to include site plan features that reduce traffic trips such as mixed use development and transit-oriented development projects.
- **Public Transit Goal**
 - **Policy 202:** The County shall encourage high-intensity development in locations convenient to public transit facilities and along transit routes.

- **Policy 210:** The County shall encourage transit providers to serve routes linking schools, afterschool child care facilities, libraries, parks, and recreational sites to facilitate mobility of school-age children.

A key follow-through in the implementation of policies to make social services transit accessible are requirements for leasing or purchasing space. A recent Alameda County General Services Agency Request for Proposal for the Social Service Agency's Employment Services (Bid No. RPM-04-FY09, January 2009) includes the following language:

- –Offered or proposed buildings must be accessible to the County 24 hours a day, 7 days per week. Offered buildings must be located within the geographic requirements specified below, *with easy access to local transit and major modes of public transportation.*”
- Nearest AC Transit Stop(s) and bus lines servicing this location (route numbers). Nearest BART station and distance (One of 12 evaluation criteria).

City of Alameda

Reviewed General Plan Land Use and Transportation Elements. No specific policies found related to locating services near transit or coordinating transit and land use to meet the health and social services needs of residents.

City of Albany

Reviewed General Plan. No findings specific to transit access to health and social services facilities.

City of Berkeley

Berkeley General Plan.

- **Policy LU-15: Service and Institutional Use Locations.** Wherever possible, locate public and private institutional uses and community service centers that serve the city residents or the region on transit corridors so that they are accessible to public transportation and will not disrupt adjacent residential areas (also see Transportation Policy T-16).

City of Dublin

Reviewed General Plan for relevant policies. None found specific to transit accessible health care and human services.

City of Emeryville

Reviewed General Plan for relevant policies. None found specific to transit accessible health care and human services.

City of Fremont

City of Fremont General Plan. Chapter 3, Land Use.

- **Central Business District.** It is the intent of this Plan for Fremont to have a vibrant, well defined, visually distinctive Central Business District as the focus of the City's governmental, cultural and commercial activity. The Central Business District should unite all parts of the city. *The CBD is projected to add some three million square feet of office and medical space and about a half million square feet of retail space over the next 20 years.* If areas are converted to mixed use (see ~~Land~~ Use Plan below) some residential development may also occur in or adjacent to the CBD.
- **CBD.** The CBD is intended to be a high intensity, pedestrian oriented office, medical, civic, entertainment and business nucleus. The Plan seeks to focus the highest intensity of use near the BART station. It also seeks to maintain a healthy retail center for offices and for nearby residents. To more actively promote these goals, the General Plan calls for a detailed design and development plan for the CBD.
- **Central Business District Allowed Uses, Policy LU 2.4.** The following list of allowed uses for the CBD is descriptive rather than fully inclusive.
 - **Medical:** Medical uses should be located near Washington Hospital or the Kaiser Clinic to facilitate ease of access between medical facilities and concentration of medical uses.

City of Hayward

From David Rizk, Director of Development Services (October 9, 2009 email):

~~In~~ selecting sub-recipients for Social Services funding, the City of Hayward gives priority consideration to agencies that are physically located in Hayward in order to facilitate ease of access by local residents. The City also gives priority consideration to agencies that are physically located within the City's low-income census tracts, so that services are easy for low-income people to access. If an organization is located outside of Hayward, we evaluate the site's proximity to public transportation to minimize barriers to access by Hayward residents. These factors are incorporated into the application materials and evaluation criteria for use in making funding recommendations to City Council.

These policies and practices apply to all social services that are funded with City (General Fund) Social Services funding, including, but not limited to health care services. The City allocated \$400,000 in FY 09-10 through its Social Services Program to local non-profit agencies to provide services to over 10,000 low-income Hayward residents. The average size of a grant is \$17,500.

City of Livermore

Livermore Land Use Element.

- **Goal LU-2.** The City recognizes that it has an overriding responsibility to promulgate policies and programs, which will result in the management of growth to best serve the health, safety, and general welfare of its residents (NLUGBI).
 - **Objective LU-2.1** Develop and phase new housing at a rate that can be absorbed by public infrastructure and in a manner that fits within Livermore's character.
 - **P14.** For purposes of growth management, congregate care (with mandatory meal plan), assisted living, and skilled nursing facilities are defined as health care facilities and are not subject to growth management policies. When a mixed-use senior facilities project includes up to 30 percent of the project for independent living (residential), the project as a whole is defined as a health care facility. When a mixed-use senior facilities project includes more than 30 percent of the project for independent living, the residential portion of the project is subject to growth management policies. (p. 3-41).

Livermore Infrastructure and Public Services Element.

- **Goal INF-9.** The City shall support access to health care in Livermore.
 - **Objective INF-9.1** Facilitate access to health care for all Livermore residents.
 - **P1.** The City shall support and encourage the construction of healthcare facilities adequate to meet the needs of all residents and employees in Livermore.
- **Goal INF-10.** Ensure an adequate range and supply of childcare services to meet the needs of all Livermore residents.
 - **Objective INF-10.2.** Combine childcare facilities with other services and amenities in order to improve access and availability.
 - **P1.** The City shall encourage the siting of child care and other care facilities in areas with compatible land use and character, and shall encourage such facilities to be located near employment centers, homes, schools, community centers, recreation facilities, and transit hubs (p. 7-55).

City of Newark

General Plan available by purchase. Searched Zoning Ordinance for key words – findings inconclusive.

City of Oakland

City of Oakland General Plan. Chapter 3, Land Use and Transportation Element.

- **Goal:** Integrating Transportation and Land Use Planning.
 - **Objective T2:** Provide mixed-use, transit-oriented development that encourages public transit use and increases pedestrian and bicycle trips at major transportation modes.
 - **Policy T2.5:** Linking Transportation and Activities: Link transportation facilities and infrastructure improvements to recreational uses, job centers, commercial nodes, and social services (i.e., hospitals, parks or community centers).²⁴

City of Pleasanton

Pleasanton Plan 2025. 2.0 Land Use Element.

- **Goal 1:** Create a land use pattern that promotes resource sustainability and environmental quality.
 - **Policy 2:** Integrate land-use and transportation planning in order to ensure patterns that facilitate safe and convenient mobility of people and goods at a reasonable cost, and to increase travel alternatives to the single-occupant automobiles.
 - **Program 2.1:** Reduce the need for vehicular traffic by locating employment, residential, and service activities close together, and plan development so it is easily accessible by transit, bicycle, and on foot.
 - **Program 2.5:** Assure that new major commercial, office, and institutional centers are adequately served by transit and by pedestrian and bicycle facilities (2-29).
 - **Policy 16:** Encourage mixed-use development which encompasses any combination of commercial development, housing units, or community facilities in an integrated development. In areas served by transit, encourage mixed use and residential densities that support affordable housing and transit (2-34).

Pleasanton Plan 2025. Public Facilities and Community Programs Element.

- **Goal 9:** Promote a healthy community and a strong community support system.
 - **Policy 20:** Promote human services for diverse Pleasanton residents of all ages who need assistance.
 - **Program 20.1:** Establish and maintain centralized City efforts to coordinate the activities of human service agencies, cooperate with religious institutions and volunteer groups to provide needed services, disseminate public information, and provide public education in order to increase community outreach and facilitate access to human services.
 - **Program 20.7:** Work with the surrounding jurisdictions to study the development of a Tri-Valley multi-purpose human services center.

²⁴ As presented in General Plan Chapter 2, Policy Framework.

- **Program 20.8:** Streamline permitting processes to encourage the development of local human services facilities and resources.
- **Program 20.10:** Give top priority consideration to community-wide human services needs when reviewing planning applications for new and modified facilities.
- **Policy 21:** Promote a healthy community through the provision of health and mental health facilities and services, and healthy community design.
 - **Program 23.1:** Review existing senior/disabled transportation services to identify and promote ways to improve service and availability.

City of San Leandro

San Leandro General Plan. Chapter 8: Community Services and Facilities.

- **Goal 13:** Coordinating Land Use and Transportation
 - **Policy 13.06.** Siting of Housing and Public Facilities. –Consider access to public transportation to be a major factor in the location and siting of future housing and public facilities. Conversely, ensure that community facilities such as libraries, parks, schools, and community, civic, and recreation centers, are served by public transit.”
 - Implementing Actions identified for Policy 13.06 include development review and City operating procedures.
- **Goal 15:** Public Transportation
 - **Policy 15.03:** Shuttle Buses. Encourage the use of shuttle buses as a viable alternative to driving. Shuttles should connect residential areas, schools, employment, shopping, health and other activity centers, and transit facilities such as BART.
 - Implementation Actions identified for Policy 15.03 include annual budgets, grants and public/private Partnerships.
- **Goal 20:** Interagency Coordination
 - **Policy 20.03:** Special Needs Groups. –Work with social service agencies, advocacy groups, non-profit organizations, school districts, and the private sector to better respond to the transportation needs of all segments of the community including seniors, children, persons with disabilities, and lower income households.”
 - Implementation Actions for 20.03. Intergovernmental Coordination and Public/Private Partnerships

City of Union City

Union City General Plan (February 2002). Youth, Family, Seniors, and Health Element.

- **Goal YFSH-B.1.** To meet the quality of life needs of Union City's youth and families through recreational, educational, housing, health care and child care opportunities.
 - **YFSH-B.1.7.** The City shall ensure that there is adequate public transit service to recreational facilities in Union City.

Land Use Element.

- **Goal LU-A.2.** To create land use patterns that promote the residential character of the community including quality housing development and balanced, harmonious land use types.
 - **LU-A.2.6.** The City shall encourage the development of housing for elderly, disabled, and low-income households where compatible with surrounding land uses and where site conditions and service capabilities permit. Sites considered especially appropriate for these uses are those accessible to transit, commercial, and medical services (p. LU-14).
- **Goal LU-A.5:** To encourage attractive, well-located commercial development to serve the needs of Union City residents, workers, and visitors.
 - **LU-A.5.4.** The City shall require major new commercial projects to be designed to support mass transit and alternative modes of transportation (LU-16). Medical offices are defined as commercial office.
- **Goal LU-B.1.** To create an environment surrounding the intermodal facility that is mixed use and transit-oriented and which has good connectivity with the rest of the city while integrating well with the surrounding neighborhoods (p. LU-20).
 - **LU-B.1.14.** The City shall set aside 40,000 square feet of building space for childcare and social service in the core area of the Station District near the BART station.

2. Contra Costa County

Contra Costa County

Contra Costa County Municipal Climate Action Plan.

- –Since 44% of the GHG emissions from our municipal operations are generated by transportation of building inhabitants to and from buildings, the County's lifecycle costing and green building policies for new facilities should be revised to address building site locations. Locating new County facilities within easy walking distance to transit and related uses (including supporting County offices and businesses, eating establishments, and personal services) can minimize the associated transportation emissions.”

This plan was adopted in December 2008. However, in response to the financial crisis in 2009, the Supervisors requested that County agencies only use space vacated by other agencies or on County land rather than lease new space.

Contra Costa County General Plan.

- **Policies for Establishment of County Homeless Shelters (3-186):** County homeless shelters may be established in all general plan land use designations, except for Congregate Care/Senior Housing, Landfill, and all Open Space....designations. County homeless shelters may be established within areas that lie in incorporated and unincorporated areas.

City of Antioch

City of Antioch General Plan. November 2003. Chapter 4.0: Land Use.

- Land Use Designations.
 - **Mixed Use Medical Facility.** –The primary purpose of areas designated ‘Mixed Use Medical Facility’ is to provide for development of a hospital and related facilities within the Sand Creek Focus Area.”
 - **From Ch. 2.0: Community Vision:** The design, configuration, and mix of uses in strategic locations such as Rivertown, the Hillcrest interchange, Sand Creek and East Lone Tree Focused Planning Areas, and the –A” Street interchange will provide an alternative to traditional suburban development by emphasizing a pedestrian-oriented environment, and reinforcing residents’ ability to use bicycles and public transportation.

City of Antioch General Plan (November 2003). Chapter 8.0: Public Services and Facilities.

- **8.12. Social Services and Institutions Objectives and Policies**
 - **Policy 8.12.2.a:** "Provide incentives in the City’s residential growth management program for the provision of child and senior care facilities as part of new residential development.” (p. 8-12)

City of Antioch General Plan. November 2003. Chapter 9.0: Housing.

- 9.3 Needs Assessment
 - **9.3.2.7 Special Housing Needs: The Elderly and Households Headed by the Elderly:** "The primary considerations in evaluating sites for elderly housing are typically proximity to shopping, social services, public transportation, and healthcare; compatibility with adjacent land uses; and cost."

City of Brentwood

City of Brentwood General Plan, 2001 – 2021. Chapter II, Land Use Element.

- Special Planning Areas (SPA) (Page II. 1-18)
 - Special Planning Area Q Background. —.this planning area is ideal for mixed-use development, including medical, business and professional office, commercial, and mid- to high- to very high-density residential (including health-care related residential) uses.” (Page II.1-52)
 - Special Planning Area Q Policy Direction. —The intent of this SPA is to utilize ‘smart growth’ planning principles and create a mixed-use development.... The medical campus and/or office and commercial land uses shall take advantage of existing and projected traffic infrastructure, including the State Route 4 Bypass and Balfour Road frontages, with the intent of creating an employment center adjacent to a key regional transportation corridor....” (Page II. 1-52)

City of Brentwood General Plan. Chapter III, Circulation Element.

- **Policy 2.1. Development Patterns.** —Recognize the link between land use and transportation....”
 - Action Program 2.1.1. Density and Mixed Uses: —Emphasize transit-oriented development, high-density and mixed land use patterns that promote transit and pedestrian travel.”
 - Action Program 2.1.5. Transit Corridors: —Encourage growth to occur along existing transit corridors.”
 - Action Program 2.1.6. Design to Allow Choices. —Design developments to include features that encourage walking, bicycling, and transit use....”
 - Implementing Mechanisms identified for the above action programs include the General Plan Land Use Map, Development Review, and Design Review Guidelines.

City of Concord

Concord 2030 Urban Area General Plan. Housing Element Goals and Policies.

- **Policy 3.6. Homeless Individuals and Families.**
 - Implementing Program 3.6b. Homeless Shelter Facility Siting and Permit Processing. —Accommodate the potential development of new homeless shelter facilities....taking into consideration access to transportation and services in the evaluation of appropriate districts.”

City of Danville

Danville General Plan 2010. Chapter 4: Public Facilities.

- **Goal 15. Integrate land use and transportation planning...**

- **15.01.** Coordinate development planning with the capacity of the transportation system and coordinate the planning of the transportation system with existing and planned land uses (p. 128).

City of Oakley

Oakley General Plan. 2.0: Land Use Element.

- Land Use Designations: (PS) Public and Semi-Public Facilities
 - Numerous public, semi-public and private facilities are required to serve the needs of the community. These uses support government, civic, cultural, health, education, and infrastructure aspects of the City.
 - Public and Semi-Public facilities should be located in a manner that best serves the community's interests, allows for adequate access by bus, bicycle, or foot to minimize trip generation and provides for access by all residents, where appropriate.

City of Pinole

Reviewed General Plan for relevant policies. None found specific to transit accessible health care and human services.

City of Pittsburg

Pittsburg 2020 General Plan.

- **2.4. City-Wide Land Use Policies: Planned Development and Compatibility**
 - **2-P-6.** Ensure provision of community amenities within planned development projects, including parks and recreation facilities, streetscaping and pedestrian paths, transit facilities, parking areas, and public safety facilities...

Pittsburg/Bay Point BART Station Area Specific Plan.

- **Policy LU-1:** Mixed residential, office, retail and entertainment projects shall be encouraged. Mixed use projects can reduce vehicular trips when goods and services are close to residential units, so long as the commercial areas are oriented to residents' needs...

City of Pleasant Hill

Pleasant Hill General Plan. Community Development.

- **Community Development Goal 15.** Improve quality of life for seniors.
 - **Community Development Policy 15B.** Advocate and support transportation and safety improvements and development of residential and medical care facilities targeted toward seniors. (p. 25)

City of Richmond

DRAFT City of Richmond General Plan 2009. Community Health and Wellness Element. Goal HW3: Improve Access to Medical Services.

- **Policy HW3.1 Public Transit Access to Medical Facilities.** Encourage direct paratransit and public transit service to neighborhood and regional medical facilities. The City should collaborate with transit service providers to adequately serve people who are transit-dependent by improving connections to regional medical facilities that serve Richmond residents and businesses.
- **Action HW3.A Medical Facilities Access Plan.** Develop an access plan that addresses direct paratransit and public transit service to major medical facilities in the City and the region. Coordinate with medical facilities, AC Transit and other transit providers to develop the access plan. Include recommendations for locating future medical facilities in proximity to local public transit service. The medical facilities access plan may be part of the overall community access and mobility plan.
- **Goal HW4: Encourage Safe and Convenient Public Transit and Active Circulation Options.**
 - **Action HW4.B. Transit Access Guidelines and Incentives.** Develop guidelines that encourage the location of public and senior housing units, major employers with more than 500 employees and significant public facilities within a quarter-mile of a local transit stop or a half-mile of a regional transit stop. Collaborate with major employers to establish shuttle service to a nearby regional transit stop if they do not meet these requirements.

City of San Ramon

Reviewed General Plan for relevant policies. None found specific to transit accessible health care and human services.

City of Walnut Creek

Walnut Creek General Plan 2025 (April 2006). Chapter 4: Built Environment.

Policy 9.2: Exclude Community Facilities from growth management limits.

Community facilities are defined as facilities serving the public and the larger community good, including the following zone use classifications applicable to this research effort: Adult Day Care and Child Day Care Facilities, Emergency Medical Care, Hospitals, Housing for the Homeless, Public Transit Terminals, Residential Care Facilities, and Skilled Nursing Facilities.

Chapter 2	Action No. 11.1.1.	Facilitate the availability of high-quality health care—routine and advanced—including trauma and other clinical services in appropriate locations close to Walnut Creek residents.
Chapter 5	Action No. 7.3.1.	Work with the Central Contra Costa Transit Authority (CCCTA) to ensure frequent, peak-hour transit services, including express bus, to Walnut Creek’s schools, employment and activity centers, and park-and-ride lots.
5	7.3.2.	With CCCTA, develop transit incentives and partnerships with the schools and major employment and activity centers.
5	7.3.4.	Work with CCCTA to provide service to the transit-dependent.
5	7.3.6.	Work with CCCTA and the Golden Rain Foundation toward providing transit services that connect Rossmoor with the rest of Walnut Creek.
5	7.5.4.	Require, where appropriate, that new developments provide transit amenities as a condition of project approval.
5	7.6.1.	Working with CCCTA, support paratransit services such as the “LINK” van service.
5	7.6.2.	Support the continued use of discount transit fares for those in need.
5	7.6.3.	Continue the senior center volunteer minivan program.

IV. Preliminary Recommendations

Specific recommendations will be developed as the study progresses and additional information is developed through interviews, discussion at the Technical Advisory Committee, and at the Regional Summit.

At this point, it is clear that executive and legislative efforts at the federal and California state level recognize the issue and have developed policies to encourage better consideration of transit access in locational decisions for federal, state, and local governmental agencies. However, a significant gap exists between these policies and the actual locational decisions made under the pressure of extreme financial shortfalls for governmental agencies. Further research will determine if and how such policies can be more effectively implemented than they seem to have been to date.

Another factor to consider is the long-term nature of locational decisions made regarding major investments in new hospitals, as expressed in recent decisions by Kaiser Permanente to locate a hospital in a fringe site in Antioch or by the John Muir Hospital to locate a large out-patient facility in Brentwood. These facilities require large sites, may lead anticipated population growth, and as such, receive limited transit service. However, while transit service may be limited to these new facilities, they were built to modernize their facilities and reduce traffic and travel time to older facilities in Martinez and Walnut Creek.

In time, federal and state efforts to reduce energy consumption and reduce greenhouse gas production, and local growth management policies designed to support downtown areas and concentrate development, should encourage health and social service-related uses to locate in more transit-friendly locations, reducing the need to use paratransit services and taxis by transit-dependent clients.

This section includes preliminary recommendations that follow from the policy research conducted during this stage of the project. Additional policy recommendations will present themselves as the project continues and stakeholder interviews and focus groups take place.

A. Federal and State-level Recommendations

- Create financial incentives and/or establish implementation procedures that require that federal and state agencies locate facilities in proximity to transit. This follows from Executive Order 13514, “Federal Leadership in Environmental, Energy and Economic Performance,” California Executive Order D-46-01, and Senate Bill 489 of 1979. In general, the federal government, as well as state agencies, can elevate the importance of improving transit access in the effort both to reduce greenhouse gas emissions and make agency locations more transit accessible.
- Strengthen existing access standards in the Public Health Services Act Section 330 to require public transit access for community health centers or any other federally assisted local program. This will help ensure that federal funds support transit accessible health services.
- Establish clear transit access standards for community care facilities that provide services funded under Medi-Cal. Medi-Cal provides health care services for low-income families and individuals and is equally funded by the State and federal government. Opportunity exists to augment existing travel time and travel distance standards with transit access standards for urban and suburban communities.
- Through environmental justice and other FTA requirements, ensure that transit agencies using federal funds provide for the needs of transit dependent populations, including access to medical and social service facilities during all times they are open to the public.
- State health care and social service agencies should enforce civil rights requirements that all such programs be accessible to transit-dependent clients.

B. Local-level Recommendations

- Coordinate county and local planning and funding efforts to ensure that future facilities are located along transit corridors and in proximity to existing transit

service. Coordination to provide transit service is particularly important for facilities that are exempt or excluded from growth management areas.

- Prioritize public transit service provision and related amenities in the planning and design of developments and special planning areas that focus on institutional and medical uses.
- Co-locate and cluster state, county, city, and other health and social service facilities, creating nodes that are more practical to service with higher levels of transit service.
- Strengthen development review, site selection and grant funding criteria so that transit access is clearly prioritized.
- If a large new medical or social service facility is developed in an area lacking sufficient transit service, require the business or agency to provide adequate shuttle service to nearby transit-accessible locations.
- Encourage cities to develop planning and zoning policies that reduce site parking requirements for health and social service facilities where good transit service is provided.